

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Madison Project Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Universal Media Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2014</b>		
Mailing Address <b>4999 Louise Dr</b>			Amount <b>15000.00</b>		
City <b>Mechanicsburg</b>	State <b>PA</b>	Zip Code <b>17055</b>	Transaction ID : <b>SE.317260</b>		
Purpose of Expenditure <b>Radio Advertising</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2014</b>		
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> <input type="checkbox"/> President State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>26226.25</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

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Mailing Address			Amount		
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Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>15000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>15000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 30 / 2014**

Signature